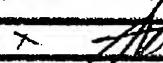
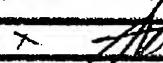
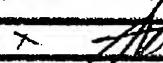


REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Approved for use through 10/31/2003. GSA FPMR (41 CFR) 101-11, Subpart 101-11.1, Appendix A, and 10 CFR 1020.11. U.S. GOVERNMENT PRINTING OFFICE: 2003 OMB APPROVAL NO. 2550-0149																					
		Application Number	20102-375																				
		Filing Date	11/03/2005																				
		First Named Inventor	Robert Clegg Services																				
		Art Unit	2860																				
		Examiner Name	Kean J. Pappin																				
		Attorney Docket Number	00-0101																				
<p>I hereby revoke all previous grants of attorney given to the above-identified practitioner.</p> <p><input type="checkbox"/> A Power of Attorney is extended herewith.</p> <p>OR</p> <p><input type="checkbox"/> I hereby appoint the practitioner associated with the Customer Number: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p>																							
<p><input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:</p> <p><input type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; display: inline-block; width: 200px; height: 1.2em; vertical-align: middle;"></span></p> <p>OR</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 30%;">Firm or Individual Name:</td> <td>Peter S. Peltz, P.C.</td> </tr> <tr> <td>Address:</td> <td colspan="2">800 North Adams Street Suite 800</td> </tr> <tr> <td>City:</td> <td>Chicago</td> <td>State: IL</td> </tr> <tr> <td>Country:</td> <td colspan="2">United States</td> </tr> <tr> <td>Telephone:</td> <td>312-328-0300</td> <td>E-mail: <a href="mailto:peltz@pacifier.com">peltz@pacifier.com</a></td> </tr> </table>				<input checked="" type="checkbox"/>	Firm or Individual Name:	Peter S. Peltz, P.C.	Address:	800 North Adams Street Suite 800		City:	Chicago	State: IL	Country:	United States		Telephone:	312-328-0300	E-mail: <a href="mailto:peltz@pacifier.com">peltz@pacifier.com</a>					
<input checked="" type="checkbox"/>	Firm or Individual Name:	Peter S. Peltz, P.C.																					
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Country:	United States																						
Telephone:	312-328-0300	E-mail: <a href="mailto:peltz@pacifier.com">peltz@pacifier.com</a>																					
<p>I am the:</p> <p><input checked="" type="checkbox"/> Applicant/Inventor.</p> <p><input type="checkbox"/> Assignee or Record of the entire invention. See 37 CFR 3.71. <small>STATEMENT UNDER 37 CFR 3.73(d) IS ENCLOSED. (FROM PTO/GSA)</small></p>																							
<p><b>SIGNATURE of Applicant or Assignee or Record</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Signature:</td> <td colspan="3"></td> </tr> <tr> <td>Name:</td> <td colspan="3">Robert Clegg Services</td> </tr> <tr> <td>Date:</td> <td colspan="3">11/03/2005</td> </tr> <tr> <td colspan="4" style="text-align: center;"><small>STATEMENT OF INVENTION OR ASSIGNMENT OR RECORD OF THE ENTIRE INVENTION IS BEING MADE ON THIS FORM. THIS FORM IS NOT FOR USE IN ANOTHER CONNECTION. COMMERCIAL PRACTICE RULES 1.1, 1.2, 1.22 AND 1.71 AND 1.11 AND 1.14. THIS FORM IS DESIGNED TO TAKE A MINIMUM OF TIME. ANY ADDITIONAL INFORMATION, INCLUDING THE STATEMENT OF INVENTION OR RECORD OF THE ENTIRE INVENTION, SHOULD BE MADE ON THE COMPLIANCE SHEET. ANY ADDITIONAL INFORMATION, INCLUDING THE STATEMENT OF INVENTION OR RECORD OF THE ENTIRE INVENTION, SHOULD BE MADE ON THE COMPLIANCE SHEET. U.S. GOVERNMENT PRINTING OFFICE: 2003 OMB APPROVAL NO. 2550-0149</small></td> </tr> <tr> <td colspan="4" style="text-align: center;"><small><input type="checkbox"/> Title of _____ form is attached.</small></td> </tr> </table>				Signature:				Name:	Robert Clegg Services			Date:	11/03/2005			<small>STATEMENT OF INVENTION OR ASSIGNMENT OR RECORD OF THE ENTIRE INVENTION IS BEING MADE ON THIS FORM. THIS FORM IS NOT FOR USE IN ANOTHER CONNECTION. COMMERCIAL PRACTICE RULES 1.1, 1.2, 1.22 AND 1.71 AND 1.11 AND 1.14. THIS FORM IS DESIGNED TO TAKE A MINIMUM OF TIME. ANY ADDITIONAL INFORMATION, INCLUDING THE STATEMENT OF INVENTION OR RECORD OF THE ENTIRE INVENTION, SHOULD BE MADE ON THE COMPLIANCE SHEET. ANY ADDITIONAL INFORMATION, INCLUDING THE STATEMENT OF INVENTION OR RECORD OF THE ENTIRE INVENTION, SHOULD BE MADE ON THE COMPLIANCE SHEET. U.S. GOVERNMENT PRINTING OFFICE: 2003 OMB APPROVAL NO. 2550-0149</small>				<small><input type="checkbox"/> Title of _____ form is attached.</small>			
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<p><small>IF YOU NEED ASSISTANCE IN COMPLETING THE FORM, CALL 1-800-767-3700 AND TALK WITH A PTO STAFFER.</small></p>																							

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